



United States Environmental Protection Agency  
Washington, D.C. 20460

## Water Compliance Inspection Report

### Section A: National Data System Coding (i.e. PCS)

Transaction Code	NPDES	yr/mo/day	Inspection Type	Inspector	Fac Type
1 <u>N</u> 2 <u>5</u> 3 <u>D</u> 4 <u>0</u> 5 <u>0</u> 6 <u>2</u> 7 <u>0</u> 8 <u>2</u> 9 <u>0</u> 10 <u>6</u> 11 <u>1</u>		12 <u>1</u> <u>1</u> <u>1</u> <u>0</u> <u>2</u> <u>0</u> <u>1</u> <u>7</u>	18 <u>C</u>	19 <u>S</u>	20 <u>1</u>
Remarks					
21 _____ 22 _____ 23 _____ 24 _____ 25 _____ 26 _____ 27 _____ 28 _____ 29 _____ 30 _____ 31 _____ 32 _____ 33 _____ 34 _____ 35 _____ 36 _____					

Inspection Work Days	Facility Self-Monitoring Evaluation Rating	BI	QA	Reserved			
67 <u>3</u> <u>5</u> <u>6</u> <u>9</u>	70 <u>3</u>	71 <u>N</u>	72 <u>N</u>	73 _____	74 _____	75 _____	80 _____

### Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) City of Pierce Wastewater Treatment Plant P.O. Box 356 Pierce, Idaho 83546	Entry Time/Date 9:39 AM 20-Aug-11	Permit Effective Date 5/1/2004
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Numbers Eric Mason, Operator 208-484-2222 (ph) 208-464-2207 (fax)	Exit Time/Date 2:05 PM 20-Aug-11	Permit Expiration Date 2009-04-31
Name, Address of Responsible Official/Title/Phone and Fax Number Greg Gerot, Mayor 208-484-2222 (ph) 208-464-2207 (fax)	Other Facility Data (e.g., SIC, NAICS, and other descriptive information)  SIC Code 4952	
<div>Contacted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</div>		

### Section C: Areas Evaluated During Inspection (Check only those areas evaluated)

<input checked="" type="checkbox"/> Permit	<input checked="" type="checkbox"/> Self-Monitoring Program	<input type="checkbox"/> Pretreatment	<input type="checkbox"/> MS4
<input checked="" type="checkbox"/> Records/Reports	<input checked="" type="checkbox"/> Compliance Schedule	<input type="checkbox"/> Pollution Prevention	
<input checked="" type="checkbox"/> Facility Site Review	<input checked="" type="checkbox"/> Laboratory	<input type="checkbox"/> Storm Water	
<input checked="" type="checkbox"/> Effluent/Receiving Waters	<input checked="" type="checkbox"/> Operations & Maintenance	<input type="checkbox"/> Combined Sewer Overflow	
<input checked="" type="checkbox"/> Flow Measurement	<input checked="" type="checkbox"/> Sludge Handling/Disposal	<input type="checkbox"/> Sanitary Sewer Overflow	

### Section D: Summary of Findings/Comments

(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)

SEV Codes	SEV Description
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Phone and Fax Numbers	Date
	DEQ-LRO/208-779-2270 (ph) 208-799-3451 (fax)	20-Oct-11
	DEQ / SO / 208-373-0167 (ph); 208-373-0576 (fax)	6-Dec-11